

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
McCall	Kevin		310-207-8035	
MAILING ADDRESS (Street)	FAX			
P.O. Box 491686			479-204-9812	
(City)	(State)	(Zip	(Zip Code)	
Los Angeles	California	900	90049	
EMPLOYING ORGANIZATION (Fil	I in only if you are employed by a business entity	which has been retained to lobby)	TELEPHONE	
N/A			N/A	
MAILING ADDRESS (Street)			FAX	
N/A			N/A	
(City)	(State) (Zip Code)			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOB	TELEPHONE		
Wal-Mart Stores, Inc.	479-277-0425		
MAILING ADDRESS (Street)	FAX		
702 S.W. 8th Street, M.			
(City)	(State)	(Zip Code)	
Bentonville	Arkansas	72716-0215	
NAME OF PERSON RESPONSIBLE FOR	S STATEMENT TELEPHONE		
Elizabeth Z. Bartz, Pre	330-761-9960		
MAILING ADDRESS (Street)		FAX	
State and Federal Com	330-761-9965		
80 South Summit Street. Suite 100			
(City)	(State)	(Zip Code)	
Akron	Ohio	44308	

PART III DESCRIPTION OF S	UBJECTS UPON WHICH	YOU EXPECT TO LOBB	Y	
Agriculture	Education	Human Services	Science, Technology & Economic Developme	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relati International Affairs	ons, Tourism & Recreation	
Consumer Protection &	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below Retail	
Ecology, Energy Environmental Protection	Housing	Public Safety & Correction	ons	
PART IV CERTIFICATION OF				
I hereby certify that the infor	mation furnished above is	s, to the best of my knowled	lge, correct and complete.	
W. L. M. G. H.	$A \cap A \cap A$	7 7/03	10/	
Kevin McCall:	S11 20 CP //	2/23	3/06	
/ \(Sig	nature of Lobbyist)		(Date)	
PART V AUTHORIZATION TO	LOBBY	· ·		
NAME	LOBBI	TITLE OF ALITHOPIZING OFF	ICER OR PERSON REPRESENTE	
47 (IVIL		THE OF AUTHORIZING OFF	ICEN ON PERSON REPRESENTE	
			_	
Walter L. Sutton, Jr.		Associate General Cou	insel	
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
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Wal-Mart Stores, Inc.			479-277-0425	
MAILING ADDRESS (Street)			FAX	
702 S.W. 8th Street, M.W.	215			
(City)	(State) (Zip Code)		Code)	
Bentonville	Arkansas	727	72716-0215	
I hereby authorize the above	e - named person to enga	ge in lobbying activities on	behalf of the undersigned.	
Walter L. Sutton, Jr.: しん	ot 1 / 1		2/9/010	
	ing Officer or Person Represen	ited)	(Date)	
	ing Officer or Person Represen	ited)	(Date)	